

County: Outagamie  
 ANNA JOHN NURSING HOME  
 W846 CTR RD EE

Facility ID: 6660

Page 1

ONEIDA 54155 Phone:(920) 869-2797  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/04): 48  
 Total Licensed Bed Capacity (12/31/04): 48  
 Number of Residents on 12/31/04: 29

Ownership: Tribal Government  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? No  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 26

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.0
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		37.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	20.7	More Than 4 Years		31.0
Day Services	No	Mental Illness (Org./Psy)	20.7	65 - 74	6.9			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	27.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	34.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	13.8	65 & Over	79.3	-----		
Transportation	No	Cerebrovascular	10.3		-----	RNs		14.7
Referral Service	No	Diabetes	20.7	Gender	%	LPNs		16.8
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	34.5	Male	24.1	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	75.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	2	8.7	171	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2 6.9
Skilled Care	0	0.0	0	21	91.3	146	0	0.0	0	5	83.3	136	0	0.0	0	0	0.0	0	26 89.7
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	1	16.7	136	0	0.0	0	0	0.0	0	1 3.4
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Total	0	0.0		23	100.0		0	0.0		6	100.0		0	0.0		0	0.0	29	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	14.8	Bathing	0.0	89.7	10.3	29
Private Home/With Home Health	22.2	Dressing	17.2	62.1	20.7	29
Other Nursing Homes	51.9	Transferring	24.1	41.4	34.5	29
Acute Care Hospitals	0.0	Toilet Use	24.1	37.9	37.9	29
Psych. Hosp.-MR/DD Facilities	0.0	Eating	72.4	20.7	6.9	29
Rehabilitation Hospitals	0.0	*****				
Other Locations	11.1					
Total Number of Admissions	27	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	0.0		Receiving Respiratory Care	0.0
Private Home/No Home Health	25.0	Occ/Freq. Incontinent of Bladder	62.1		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	37.5	Occ/Freq. Incontinent of Bowel	27.6		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	3.4
Acute Care Hospitals	12.5	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	4.2	Physically Restrained	3.4		Receiving Mechanically Altered Diets	6.9
Rehabilitation Hospitals	0.0				Other Resident Characteristics	
Other Locations	0.0	Skin Care			Have Advance Directives	100.0
Deaths	20.8	With Pressure Sores	0.0		Medications	
Total Number of Discharges		With Rashes	0.0		Receiving Psychoactive Drugs	51.7
(Including Deaths)	24					

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: Under 50 Peer %	Ratio	Licensure: Skilled Peer %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	54.2	93.1	0.58	88.3	0.61	90.5	0.60	88.8	0.61
Current Residents from In-County	44.8	86.2	0.52	78.3	0.57	82.4	0.54	77.4	0.58
Admissions from In-County, Still Residing	11.1	33.0	0.34	28.4	0.39	20.0	0.56	19.4	0.57
Admissions/Average Daily Census	103.8	79.1	1.31	106.8	0.97	156.2	0.67	146.5	0.71
Discharges/Average Daily Census	92.3	78.7	1.17	105.3	0.88	158.4	0.58	148.0	0.62
Discharges To Private Residence/Average Daily Census	57.7	29.9	1.93	34.7	1.66	72.4	0.80	66.9	0.86
Residents Receiving Skilled Care	96.6	89.7	1.08	95.2	1.01	94.7	1.02	89.9	1.07
Residents Aged 65 and Older	79.3	84.0	0.94	95.8	0.83	91.8	0.86	87.9	0.90
Title 19 (Medicaid) Funded Residents	79.3	73.3	1.08	56.6	1.40	62.7	1.27	66.1	1.20
Private Pay Funded Residents	20.7	18.3	1.13	34.0	0.61	23.3	0.89	20.6	1.01
Developmentally Disabled Residents	0.0	2.7	0.00	0.6	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	20.7	53.0	0.39	41.0	0.51	37.3	0.55	33.6	0.62
General Medical Service Residents	34.5	18.6	1.85	13.6	2.54	20.4	1.69	21.1	1.64
Impaired ADL (Mean)	47.6	47.5	1.00	50.8	0.94	48.8	0.97	49.4	0.96
Psychological Problems	51.7	69.4	0.75	62.7	0.83	59.4	0.87	57.7	0.90
Nursing Care Required (Mean)	1.3	7.4	0.18	7.4	0.17	6.9	0.19	7.4	0.17